



KENTUCKY PROFESSIONAL COUNSELOR LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: - Male Female

Home phone: - - Business: - -

EMAIL:

Check One	Exam Date	Registration Deadline	Exam Location	Site ID
<input type="checkbox"/>	January 17, 2009	December 5, 2008	Louisville, KY	1734
<input type="checkbox"/>	April 18, 2009	March 5, 2009	Lexington, KY	1711
<input type="checkbox"/>	July 18, 2009	June 5, 2009	Louisville, KY	1733
<input type="checkbox"/>	October 17, 2009	September 4, 2009	Bowling Green, KY	1702

ABOUT REGISTRATION

- The cost to register is **\$120**. This examination fee is **non-refundable/non-transferable**.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.
- Special testing accommodation requests must be received by NBCC, in writing, 45 days prior to the administration of the examination. See "Special Accommodations" policy, located at <http://www.nbcc.org/nce>.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with **original ink signature**.
- Your **\$120** examination fee (please make check or money order payable to NBCC).
- An **official, sealed** (unopened) academic **transcript** identifying the conferral date of a Master's degree in counseling or a related field.

WHERE TO SEND YOUR REGISTRATION MATERIALS

**NBCC
PO Box 7407
Greensboro, NC 27417-0407**

WE CANNOT ACCEPT FAXED REGISTRATION FORMS OR TRANSCRIPTS.

QUESTIONS ABOUT THE EXAM ADMINISTRATION? Tel: 336-547-0607; E-mail: nbcc@nbcc.org; Website: www.nbcc.org.
Street Address: NBCC Assessment Department, 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE with the National Board for Certified Counselors? Yes No

If yes, on which date? / /
Month / Day / Year

I understand and agree to the following: that I am taking the NCE as part of the Kentucky state licensing requirements; and approval to take the NCE or the receipt of a passing score does not demonstrate that Kentucky state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Kentucky Board of Certification for Professional Counselors with examination results. I understand that I am not eligible for Kentucky Certification until passing the NCE and completing all other certification requirements pursuant to KRS 335.525. By signing this document, I hereby certify that the information and materials provided in this registration are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all applicable NBCC policies, procedures, and agreements concerning the NCE examination.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA Mastercard American Express

Account number: Exp. date: /

Name on card: Amt. charged: \$

Signature: _____ Date: _____